

# Ohio EPA - Daily Discharge Monitoring Report - Form 4500

**SUBMISSION ID:** 944932  
**FACILITY:** H2-Oh-Yeah  
**LOCATION:** 2134 C.R. 224  
 Ashley, OH 43003  
**COUNTY:** Morrow  
**DISTRICT:** CDO

**STATUS:** Original  
**PERMIT NUMBER:** 4MP00028\*AM  
**STATION CODE:** 401  
**MONITORING PERIOD :** 2020-03-01 To: 2020-03-31  
**REPORTING LAB:**  
**ANALYST:**  
**NO DISCHARGE INDICATOR:** AL

PARAMETER	pH	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate- Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 ml	inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Total
2020-03-01							
2020-03-02							
2020-03-03							
2020-03-04							
2020-03-05							
2020-03-06							
2020-03-07							
2020-03-08							
2020-03-09							
2020-03-10							
2020-03-11							
2020-03-12							
2020-03-13							
2020-03-14							
2020-03-15							
2020-03-16							
2020-03-17							
2020-03-18							
2020-03-19							
2020-03-20							
2020-03-21							
2020-03-22							
2020-03-23							
2020-03-24							
2020-03-25							
2020-03-26							
2020-03-27							
2020-03-28							
2020-03-29							
2020-03-30							
2020-03-31							
Minimum							
Maximum							
Average							
Count							
<b>Name of Responsible Official or Authorized Representative</b>	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			<b>Signature of Responsible Official or Authorized Representative</b>		<b>Submission Date/Time</b>	
Jeff Williamson						<b>Certification Version Date</b> 2020-04-22 09:04	

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**FACILITY:**  
**LOCATION:**

944932  
H2-Oh-Yeah  
2134 C.R. 224  
Ashley, OH 43003

**STATUS:**  
**PERMIT NUMBER:**  
**STATION CODE:**  
**MONITORING PERIOD :**

Original  
**4MP00028\*AM**  
401  
**2020-03-01 To: 2020-03-31**

**COUNTY:**  
**DISTRICT:**

Morrow  
CDO

**REPORTING LAB:**  
**ANALYST:**  
**NO DISCHARGE INDICATOR:**

AL

PARAMETER	Flow Rate					
PARAMETER CODE	50050					
UNITS	MGD					
FREQUENCY	When Disch.					
SAMPLING TYPE	24hr Total Estimate					
2020-03-01						
2020-03-02						
2020-03-03						
2020-03-04						
2020-03-05						
2020-03-06						
2020-03-07						
2020-03-08						
2020-03-09						
2020-03-10						
2020-03-11						
2020-03-12						
2020-03-13						
2020-03-14						
2020-03-15						
2020-03-16						
2020-03-17						
2020-03-18						
2020-03-19						
2020-03-20						
2020-03-21						
2020-03-22						
2020-03-23						
2020-03-24						
2020-03-25						
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2020-03-27						
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2020-03-30						
2020-03-31						
Minimum						
Maximum						
Average						
Count						
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Jeff Williamson						Certification Version Date 2020-04-22 09:04

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<b>SUBMISSION ID:</b> <b>FACILITY:</b> <b>LOCATION:</b>	944932 H2-Oh-Yeah 2134 C.R. 224  Ashley, OH 43003	<b>STATUS:</b> <b>PERMIT NUMBER:</b> <b>STATION CODE:</b> <b>MONITORING PERIOD :</b>	Original 4MP00028*AM 402  2020-03-01 To: 2020-03-31
<b>COUNTY:</b> <b>DISTRICT:</b>	Morrow CDO	<b>REPORTING LAB:</b> <b>ANALYST:</b> <b>NO DISCHARGE INDICATOR:</b>	  AL

PARAMETER	pH	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate- Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 ml	inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Grab
2020-03-01							
2020-03-02							
2020-03-03							
2020-03-04							
2020-03-05							
2020-03-06							
2020-03-07							
2020-03-08							
2020-03-09							
2020-03-10							
2020-03-11							
2020-03-12							
2020-03-13							
2020-03-14							
2020-03-15							
2020-03-16							
2020-03-17							
2020-03-18							
2020-03-19							
2020-03-20							
2020-03-21							
2020-03-22							
2020-03-23							
2020-03-24							
2020-03-25							
2020-03-26							
2020-03-27							
2020-03-28							
2020-03-29							
2020-03-30							
2020-03-31							
Minimum							
Maximum							
Average							
Count							
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Jeff Williamson						Certification Version Date 2020-04-22 09:04	

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**FACILITY:**  
**LOCATION:**

944932  
H2-Oh-Yeah  
2134 C.R. 224  
Ashley, OH 43003

**STATUS:**  
**PERMIT NUMBER:**  
**STATION CODE:**  
**MONITORING PERIOD :**

Original  
**4MP00028\*AM**  
402  
**2020-03-01 To: 2020-03-31**

**COUNTY:**  
**DISTRICT:**

Morrow  
CDO

**REPORTING LAB:**  
**ANALYST:**  
**NO DISCHARGE INDICATOR:**

AL

PARAMETER	Flow Rate					
PARAMETER CODE	50050					
UNITS	MGD					
FREQUENCY	When Disch.					
SAMPLING TYPE	24hr Total Estimate					
2020-03-01						
2020-03-02						
2020-03-03						
2020-03-04						
2020-03-05						
2020-03-06						
2020-03-07						
2020-03-08						
2020-03-09						
2020-03-10						
2020-03-11						
2020-03-12						
2020-03-13						
2020-03-14						
2020-03-15						
2020-03-16						
2020-03-17						
2020-03-18						
2020-03-19						
2020-03-20						
2020-03-21						
2020-03-22						
2020-03-23						
2020-03-24						
2020-03-25						
2020-03-26						
2020-03-27						
2020-03-28						
2020-03-29						
2020-03-30						
2020-03-31						
Minimum						
Maximum						
Average						
Count						
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Jeff Williamson						Certification Version Date 2020-04-22 09:04

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<b>SUBMISSION ID:</b> <b>FACILITY:</b> <b>LOCATION:</b>  <b>COUNTY:</b> <b>DISTRICT:</b>	944932 H2-Oh-Yeah 2134 C.R. 224  Ashley, OH 43003  Morrow CDO	<b>STATUS:</b> <b>PERMIT NUMBER:</b> <b>STATION CODE:</b> <b>MONITORING PERIOD :</b>  <b>REPORTING LAB:</b> <b>ANALYST:</b> <b>NO DISCHARGE INDICATOR:</b>	Original <b>4MP00028*AM</b> 403  <b>2020-03-01 To: 2020-03-31</b>  <b>AL</b>
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PARAMETER	pH	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate- Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 ml	inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Grab
2020-03-01							
2020-03-02							
2020-03-03							
2020-03-04							
2020-03-05							
2020-03-06							
2020-03-07							
2020-03-08							
2020-03-09							
2020-03-10							
2020-03-11							
2020-03-12							
2020-03-13							
2020-03-14							
2020-03-15							
2020-03-16							
2020-03-17							
2020-03-18							
2020-03-19							
2020-03-20							
2020-03-21							
2020-03-22							
2020-03-23							
2020-03-24							
2020-03-25							
2020-03-26							
2020-03-27							
2020-03-28							
2020-03-29							
2020-03-30							
2020-03-31							
Minimum							
Maximum							
Average							
Count							
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Jeff Williamson						Certification Version Date 2020-04-22 09:04	

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PARAMETER	Flow Rate					
PARAMETER CODE	50050					
UNITS	MGD					
FREQUENCY	When Disch.					
SAMPLING TYPE	24hr Total Estimate					
2020-03-01						
2020-03-02						
2020-03-03						
2020-03-04						
2020-03-05						
2020-03-06						
2020-03-07						
2020-03-08						
2020-03-09						
2020-03-10						
2020-03-11						
2020-03-12						
2020-03-13						
2020-03-14						
2020-03-15						
2020-03-16						
2020-03-17						
2020-03-18						
2020-03-19						
2020-03-20						
2020-03-21						
2020-03-22						
2020-03-23						
2020-03-24						
2020-03-25						
2020-03-26						
2020-03-27						
2020-03-28						
2020-03-29						
2020-03-30						
2020-03-31						
Minimum						
Maximum						
Average						
Count						

<b>Name of Responsible Official or Authorized Representative</b>  <div style="text-align: center; font-size: 1.2em;">Jeff Williamson</div>	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	<b>Signature of Responsible Official or Authorized Representative</b>  <div style="height: 40px;"></div>	<b>Submission Date/Time</b>  <div style="text-align: center;"> <b>Certification Version Date</b>                      2020-04-22 09:04                 </div>
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**SUBMISSION ID:**  
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**LOCATION:**

944932  
H2-Oh-Yeah  
2134 C.R. 224  
Ashley, OH 43003

**STATUS:**  
**PERMIT NUMBER:**  
**STATION CODE:**  
**MONITORING PERIOD :**

Original  
**4MP00028\*AM**  
602  
**2020-03-01 To: 2020-03-31**

**COUNTY:**  
**DISTRICT:**

Morrow  
CDO

**REPORTING LAB:**  
**ANALYST:**  
**NO DISCHARGE INDICATOR:**

Brookeside  
Erica Huber

PARAMETER	Biochemical Oxygen Demand, 5 Day	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Phosphorus, Total (P)	E. coli	Flow Rate	Sludge Solids, Percent Total
PARAMETER CODE	00310	00530	00610	00665	31648	50050	70318
UNITS	mg/l	mg/l	mg/l	mg/l	#/100 ml	MGD	%
FREQUENCY	1/Week	1/Week	1 / 2 Weeks	1 / 2 Weeks	1 / 2 Weeks	1 / 2 Weeks	1 / 2 Weeks
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	24hr Total Estimate	Grab
2020-03-01	1.9127	2.5881	.0002	26.2353	78.49	.00138	1.249
2020-03-02							
2020-03-03							
2020-03-04							
2020-03-05							
2020-03-06							
2020-03-07							
2020-03-08							
2020-03-09							
2020-03-10							
2020-03-11							
2020-03-12							
2020-03-13							
2020-03-14							
2020-03-15							
2020-03-16	1.6275	2.5333					
2020-03-17							
2020-03-18							
2020-03-19							
2020-03-20							
2020-03-21							
2020-03-22							
2020-03-23	1.7445	2.2200	.139	26.4047	171.7	.00138	1.142
2020-03-24							
2020-03-25							
2020-03-26							
2020-03-27	1.7745	2.3200					
2020-03-28							
2020-03-29							
2020-03-30							
2020-03-31							
Minimum	1.6275	2.22	2.0E-4	26.2353	78.49	0.00138	1.142
Maximum	1.9127	2.5881	0.139	26.4047	171.7	0.00138	1.249
Average	1.7648	2.41535	0.0696	26.32	125.095	0.00138	1.1955
Count	4	4	2	2	2	2	2
Name of Responsible Official or Authorized Representative		I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
							Certification Version Date 2020-04-22 09:04
Jeff Williamson							

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PARAMETER	Sludge Solids, Percent Volatile	Freeboard	pH	Oil and Grease, Hexane Extr Method	Nitrogen Kjeldahl, Total	Nitrogen, Inorganic, Total	
PARAMETER CODE	70322	82564	00400	00552	00625	00640	
UNITS	%	feet	S.U.	mg/l	mg/l	mg/l	
FREQUENCY	1 / 2 Weeks	1 / 2 Weeks	1/Month	1/Month	1/Month	1/Month	
SAMPLING TYPE	Grab	Total	Grab	Grab	Grab	Grab	
2020-03-01	42.844	2	8.03	AA 5.0	.146	.155	
2020-03-02							
2020-03-03							
2020-03-04							
2020-03-05							
2020-03-06							
2020-03-07							
2020-03-08							
2020-03-09							
2020-03-10							
2020-03-11							
2020-03-12							
2020-03-13							
2020-03-14							
2020-03-15							
2020-03-16							
2020-03-17							
2020-03-18							
2020-03-19							
2020-03-20							
2020-03-21							
2020-03-22							
2020-03-23	38.238	2					
2020-03-24							
2020-03-25							
2020-03-26							
2020-03-27							
2020-03-28							
2020-03-29							
2020-03-30							
2020-03-31							
Minimum	38.238	2.0	8.03	0.0	0.146	0.155	
Maximum	42.844	2.0	8.03	0.0	0.146	0.155	
Average	40.541	2		0	0.146	0.155	
Count	2	2	1	1	1	1	
<b>Name of Responsible Official or Authorized Representative</b>  <div style="text-align: center; font-size: 1.2em;">Jeff Williamson</div>		I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			<b>Signature of Responsible Official or Authorized Representative</b>  <div style="height: 80px;"></div>		<b>Submission Date/Time</b>  <div style="text-align: center;">                         Certification Version Date                          2020-04- 22 09:04                     </div>



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**FACILITY:**  
**LOCATION:**

H2-Oh-Yeah  
2134 C.R. 224  
Ashley, OH 43003

**PERMIT NUMBER:**  
**MONITORING PERIOD :**

**4MP00028\*AM**  
**2020-03-01 To: 2020-03-31**

## PARAMETER COMMENTS:

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
602	Flow Rate	50050	2020-03-01	MGD	THIS WAS SUBMITTED LATE DO TO BROOKESIDE BEING LATE GETTING TEST RESULTS BACK.